PTO/SB/01 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

22,205

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	DECLARA	TION F	OR UTIL	HYOR L						
DECLARATION FOR UTILITY OR DESIGN					First Named Inventor	Cowan, Ada S.				
PATENT APPLICATION					COMPLETE IF KNOWN					
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	(37 CFR 1.63)				Application Number					
	D 1 1'				Filing Date					
<b>~</b>	Declaration Submitted	OR	Declar Submi	ation tted after Initial						
	With Initial Filing (surcha			(surcharge	Art Unit		1			
	Filing		(37 CF require	R 1.16 (e))	Examiner Name					
<u></u>			requir	50)						
	I hereby declare that:  Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
·	ilveritor s reside	nce, maii	ing address,	and didzensinp are a	35 Stated Delow Hext to	their flattic.				
					inventor(s) of the subje	ct matter which is clair	med and for			
which	a patent is soug	ht on the	invention er	ititled:						
Puln	nonary Deliv	ery of a	a Liquid N	1edicament Aer	osol.					
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L				(Title of the	Invention)		****			
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was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
				Application Number and was amended on (MM/DD/YYYY) (if applicable).						
Applica	ation Number			and was amende	d on (MM/DD/YYYY)		(if applicable).			
I hereb	ا by state that I ha			erstand the contents	d on (MM/DD/YYYY) of the above identified	specification, including	J			
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I heret	oy state that I ha ded by any amer	ndment s	pecifically ref	erstand the contents ferred to above.	of the above identified		J g the claims, as			
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[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:			OR V	Corresp	ondence address below
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Patricia A. Coburn							
Address BattellePharma, Inc. 1801 Watermar	k Drive, Suite 10	00					
City	State				ZIP		
Columbus				Ohio			43215-1037
Country		Telephone			Fax		
USA		614-340-2358	614-340-2320				
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and fur le are punishal	ther that these sta ble by fine or impris	itements sonment	s we	ere made with ti both, under 18 U	ne kno	wiedge that willium laise
NAME OF SOLE OR FIRST IN	VENTOR:		petition l	ha <u>s</u> l	been filed for this	unsign	ned inventor
Given Name  (E					Family Name or Surname Cowan		
Inventor's Signature		ovan					Nov 26 2063
Residence: City	State	·	Coun	ntry		Citizer	nship
Lewis Center	Ohio		USA			USA 	
Mailing Address 3225 Montclair Avenue							
City	State			ZIF			Country
Lewis Center	Ohio			430	35		USA
NAME OF SECOND INVENTO	OR:			A	·	n filed	for this unsigned inventor
Given Name (first and middle [if any]) Donna T.							
Inventor's Signature	T. Pa	lm					Nov 18 2003
Residence: City	State		Cou	ntry		Citize	nship
San Diego	California			USA USA			
Mailing Address 11437 Swan Lake Drive							
City	State			ZIF	)	Coun	try
San Diego	California			921	31 	USA	
Additional inventors or a legal re	enresentative are h	eing named on the	supplem	nental	sheet(s) PTO/SB/02/	or 02LR	attached hereto.
<ul> <li>anomonal inventors of a legal to</li> </ul>	PRICACINGUIAC DIC P						

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Cowan, Ada S.
Title Pulmon	ary Delivery of a Liquid Medicament Aeroso
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:								
Practitioners associated with the Customer Number:								
OR								
Practitioner(s) named below:								
	Name				Registration Number			
Patricia A. Coburn		28,594						
as my/our attorney(s) or agent( Trademark Office connected th	s) to prosecute the application identified erewith.	above, and to	tran	sact all business in t	the United States Patent and			
Please recognize or change the	e correspondence address for the above	identified app	licati	ion to:				
	ed with the above-mentioned Customer I							
OR								
The address associated	ted with Customer Number:							
OR								
Firm or Individual Name	Patricia A. Coburn							
Address	BattellePharma, Inc.			· · ·				
Address	700 T Watermark 2000 Too							
City	Columbus	State	9 0	)H	Zip 43215-1037			
Country Telephone	USA 614 240 2259	Fax	16	14 340 2320				
Telephone   614-340-2358   Fax   614-340-2320   I <u>am</u> the:								
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name Ada S. Cowan								
Signature Ada S.	- 1 Fluid 32 C0-Vi)							
Date Nov 2	6,2003			Telephone 614	-424-7199			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of2 forms are submitted.								

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Cowan, Ada S.
Title	Pulmonary Delivery of a Liquid Medicame
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:								
Practitioners associated with the Customer Number:								
OR								
Practitioner(s) named below:								
		Registration Number						
	Patricia A. Coburn		28,594					
	-							
as my Trade	/our attorney(s) or agent(s)	s) to prosecute the application identified erewith.	above, and to tra	ansact all business	in the United States Patent and			
			identified annlic	ation to				
Pleas		correspondence address for the above		auon to.				
	The address associate	ed with the above-mentioned Customer	Number:					
	OR							
	The address associat	ed with Customer Number:						
	OR	<u> </u>						
V	Film or land							
	Address	BattellePharma, Inc.						
	Address	1801 Watermark Drive, Suite 100						
	City	Columbus	State	Ohio	Zip   43215-1037			
	Country	USA		1				
	Telephone	614-340-2358	Fax	614-340-2320				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name	e Donna T. Palmer							
Signature Domes 7. Palm								
Date	Nov 18, 20			Telephone	858-455-6907 Ext 235			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								

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